CAPTIVE NATIONS WEEK PROCLAMATION

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. SOLOMON. Mr. Speaker, the following is a copy of the Captive Nation's Week proclamation which I am submitting for the RECORD:

Whereas, the dramatic changes in Central and Eastern Europe, Central Asia, Africa and Central America have fully vindicated the conceptual framework of the Captive Nations Week Resolution, which the United States Congress passed in 1959, President Eisenhower signed as Public law 86–90, and every president since has proclaimed annually; and

Whereas, the resolution demonstrated the forsight of the Congress and has consistently been, through official and private media, a basic source of inspiration, hope and confidence to all the captive nations; and

Whereas, the recent liberation of many captive nations is a great cause for jubilation, it is vitally important that we recognize that numerous other captive nations remain under communist dictatorships and the residual structure of Russian imperialism; among others, Cuba, Mainland China, Tibet, Vietnam, Idel-Ural (Tartarstan etc.) the Far Eastern Republic (Siberyaks); and

Whereas, the Russian invasion and massacre of Chechenia,—a once-again declared, independent state—evoke the strongest condemnation by all given to rules of international law, human rights, and national self-determination; and

Whereas, the freedom loving peoples of the remaining captive nations (well over 1 billion people) look to the United States as the citadel of human freedom and to its people as leaders in bringing about their freedom and independence from communist dictatorship and imperial rule; and

Whereas, the Congress by unanimous vote passed P.L. 86–90, establishing the third week in July each year as ''Captive Nations Week'' and inviting our people to observe such a week with appropriate prayers, ceremonies and activities, expressing our great sympathy with and support for the just aspirations of the still remaining captive peoples.

Now, therefore, I _____ do hereby proclaim that the week commencing July 16-22, 1995 to be observed as ''Captive Nations Week'' in _____ and call upon the citizens _____ to join with others in observing this week by offering prayers and dedicating their efforts for the peaceful liberation of the remaining captive nations.

In witness whereof, I hereunto set my hand and caused the seal of the _____ to be affixed this _____ day of July _____, 1995.

As of today, July 31, 1995, the following Governors and Mayors have issued proclamations: George V. Voinovich of Ohio, Kirk Fordice of Mississippi, Tommy G. Thompson of Wisconsin, James B. Hunt of North Carolina, Gaston Caperton of West Virginia, Fife Symington of Arizona, Parris N. Glendening of Maryland, Pete Wilson of California, Brenton C. Jones of Kentucky, Don Sundquist of Tennessee, William J. Janklow of South Dakota, Thomas R. Carper of Delaware, Freeman R. Bosley of St. Louis and Stephan P. Clark of Miami.

DR. HADEN MCKAY TO RECEIVE GRAND LODGE 50-YEAR MASONIC SERVICE AWARD

HON. JACK FIELDS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. FIELDS of Texas. Mr. Speaker, a great friend of mine, Dr. Haden E. McKay, Jr., of Humble, TX, will receive the Grand Lodge 50-Year Masonic Service Award at ceremonies to be held tomorrow night in Humble. I want to take a moment to recognize this outstanding community leader who has devoted his life to improving the lives of so many of his neighbors.

Dr. McKay, now 87 years old, retired as mayor of Humble, TX, in May after 24 years in office. He began his service on the Humble city council when he opened up his medical practice in town, back in 1938. During World War II, his service in the U.S. Army Medical Corps forced him to suspend his medical practice and give up his city council seat. When he returned from the war, he resumed his medical practice and his public service.

As much as he loves medicine, and as much as he loves working to make Humble a better community in which to live and raise a family, Dr. McKay loves his wife of 54 years, Lillian, more. With the pressures of public office now behind him, Lillian and he can finally spend more time together.

Mr. Speaker, in an interview with the Houston Chronicle 4 years ago, Dr. McKay explained that he chose a career in doctoring for the same reason he chose to enter public service: to help people. He has done more to help more people than probably anyone else in the history of Humble, TX.

Now Dr. McKay is being honored by the Humble Masonic Lodge for his years of service to the lodge and to his community. This certainly is not the first honor accorded to Dr. McKay. It would take me hours to list the medical, civic, and other awards and honors that he has received during the course of his medical career and his years of public service.

At this time when many Americans question the motives of their elected public officials, I wish more Americans could know Haden McKay as I know him, and as the men and women of Humble know him. His half-century record of selfless service to others—both as a caring and compassionate medical professional, and as an equally caring and compassionate political leader—make him a role model for all of us who serve in positions of public trust.

Mr. Speaker, please join with me in congratulating Dr. Haden McKay as he is presented with the Grand Lodge 50-Year Masonic Service Award tomorrow night.

MAKE SURE OUR MORAL COMPASS IS WORKING PROPERLY: QUESTIONS FOR MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. STARK. Mr. Speaker, on July 25, the president of the National Association of Public Hospitals, Larry Gage, testified before the Ways and Means Subcommittee on Health on the pending Medicare cuts.

I am inserting portions of his outstanding statement—a statement that every Member should read before voting on the excessive, destructive Medicare and Medicaid cuts proposed by the budget resolution. In this section, Mr. Gage discusses the dangers of managed care if not properly implemented and supervised, and the benefits of managed care when done correctly.

Portions of Mr. Gage's statement follow:

WITH RESPECT TO MANAGED CARE, WE MUST BE CAREFUL NOT TO OVERPROMISE AND OVEREXPAND, BEYOND THE CAPACITY OF OUR HEALTH SYSTEM TO RESPOND

The term ''managed care'' is now so ubiquitous that it dominates the field of vision in both the private and public sectors of the our health industry. More than just a helpful tool, managed care has become a preoccupation—perhaps even an obsession—for private insurers, employers, and individuals, as well as for legislators and bureaucrats at every level of government. Yet it is an obsession that obscures the need for greater scrutiny of the managed care industry, in order to avoid potentially irreversible damage to the future viability, quality and ethical standards of health care providers, as well as to the good health of many millions of Americans.

In other words, before we continue this headlong rush into uncharted territory, we need to pause and take stock, to make sure our moral compass is working properly. We need to ask (and answer) some tough questions in the heat of the current debate, which I believe represents nothing less than a struggle for the reputation, ethics, values, even the soul, of the managed care industry.

The dilemma is essentially a simple one: what is ''managed health care'' and should it primarily benefit payers or patients? It is largely designed as a blunt instrument for containing health costs—as many policymakers in Washington and dozens of state capitols believe? Or—as many managed care advocates would like to believe—is it something else: a genuine health care delivery reform that shifts the historic emphasis from acute and episodic intervention to the prevention and maintenance of wellness?

This is not an idle question. If managed care is primarily the former—a way to contain costs—then we may be wasting our time worrying about ethics. As indicated by the recent publicity over the failure of some HMOs to pay for emergency services, if the bottom line is all that counts the patient and the provider will both suffer (this is true whether the bottom line is Medicare savings or higher dividends for shareholders). Of course, we would all like to believe that effective managed care plans can BOTH restrain costs and improve wellness. But the plain fact is, in the public sector at least, MOST managed care activities have been carried out in the name of short term cost containment rather than genuine health system reform.

There are perhaps several ironies here. The first, of course, is that there is increasing evidence that managed care is not much more effective over time in holding down health costs that the fee for service system it is rapidly supplanting. Only the most highly organized and self-contained plans—staff and group model HMOs—have any measurable track record over time in holding down costs. For most other plans, after a brief initial flurry of savings—often driven more by the arbitrary demands of payers

than any inherent efficiencies in most organizations—costs seem to rise at about the same rate as the industry as a whole.

A second irony is that the major underlying reasons for cost increases in the American health industry have little or nothing to do with either managed care or fee for service medicine. Rather, they depend on such factors as the large and ever-growing numbers of uninsured, continuing advances in expensive technology on both the outpatient and inpatient fronts, and the fact that no one has effectively cured most Americans from demanding the most and the best no matter what health plan they enroll in. (It cannot escape the Committee's notice that the so-called ''point of service'' managed care plans—the most costly and least controllable—are the plans that usually score highest in consumer satisfaction among HMOs.)

The third, and perhaps greatest, irony is that the steps which clearly could reduce health costs over time—prevention, wellness and public health services—are the last services added and the first ones on the chopping block when the primary goals are short term cost containment and profit-taking.

Certainly, there is no disagreement about the importance of preventive measures aimed at improving both individual and community-wide health status. Preventive health can minimize both the potential for excessive care in the fee for service environment and the potential for providing too few services in the managed care environment. Moreover, the assignment of patients to primary care gatekeepers who are able and willing to manage the full continuum of a patient's care, also improve a patient's health, and thus hold down long term health costs, even if more services are needed in the short run. But these features must be fully integrated into HMO's not just grafted onto the surface. Of course, many managed care organizations and employers do try to emphasize wellness and prevention, or at least pay lip service. The problem is, we cannot demonstrate that these services will reduce health costs overnight. In fact, in the short run their effective use is likely to increase services and costs, especially for low income elderly patients historically deprived of such services.

Ultimately, of course, if ''managed care'' is seen only as a tool for cutting costs, the result will be a health system that is neither ''managed'' nor ''care.'' We all know that there are more than a few dirty little secrets about the explosive growth in Medicaid managed care over the last several years. I will agree that some managed care organizations have developed elegant, sophisticated MIS and case management systems that emphasize prevention and wellness. Some plans may also have adequate and well-rounded networks of providers that are reasonably reimbursed even as they are given rational incentives to change wasteful practice patterns. However, many other organizations have simply grown too fast to take the time to develop such systems or incentives. Rather, they devote their efforts to enrolling mostly people who are young or healthy (or both), invest as creatively as possible the enormous cash flow generated by capitated payments, ratchet down payments to providers wherever they can, keep support staff to a minimum, erect subtle and not-so-subtle barriers to access, and pray no one needs a liver transplant before they can cut a deal to sell out.

Now it may sound from these statements that I am cynical—perhaps even that I oppose managed care. But nothing could be farther from the truth. I belong to an HMO. NAPH has been working rapidly to help both public and private health systems develop or expand managed care capacity all over the country. Together with my associate, Bill von Oehsen, I have even published a new book—a 1000 page ''How To'' manual for Medicaid Managed Care and State Health Reform. Managed care is not problematic in itself—especially for the poor and disenfranchised. Done properly, managed care can result in genuine improvements in health status and expansion of access for some of our most vulnerable patient populations. It is just that, done poorly, implemented too rapidly, or for the wrong reasons, it could be a setback, not an improvement, both for patients and for entire communities.

We need only look at the TennCare Medicaid debacle to see some of the problems we face when cost becomes the only issue. With TennCare, the state of Tennessee dumped all Medicaid and many uninsured patients overnight into ill-prepared managed care plans with inadequate provider networks, only to pay them premiums that were originally found to be 40% below acknowledged actuarial soundness. As recently as last month, TennCare rates were determined by Governor Sundquist's own TennCare Roundtable to remain 10–20% below costs. And in fairness to the Governor, who was not responsible for developing TennCare, he and his staff have now publicly committed themselves to implementing needed reforms.

I do not believe it is inevitable that TennCare represents the future of managed care—but if we hope to expand such programs to include a substantial proportion of Medicare beneficiaries, we must act quickly, together, to set tough standards for equity, fairness, access, quality and fiscal integrity in managed care plans.

''STO LAT'' ST. JOSEPH'S SOCIETY OF PALMER ON YOUR 100 YEAR ANNIVERSARY

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. NEAL. Mr. Speaker, on August 12, 1995, the St. Joseph's Society of Palmer, MA, will celebrate its 100-year anniversary. Located in the village of Thorndike, the St. Joseph's Society has served generations of Polish-Americans as a social, spiritual, and athletic organization.

Upon the occasion of its 100-year anniversary, I proudly take this opportunity to enter the complete history of the St. Joseph's Society into the CONGRESSIONAL RECORD. May St. Joe's continue to flourish in the years to come.

HISTORY

The Nineteenth Century found people leaving their respective homelands for many and varied reasons to start life over in the New World. The first Poles to arrive in the Town of Palmer came in 1888.

In 1891 the Rev. Chalupka of Chicopee was instrumental in getting the Polish settlers of Thorndike and the other three villages of the town of Palmer to unite and form a society. It took nearly four years, and in April of 1895 the St. Joseph's Society was founded; its first purpose was to establish a fund to help the members in case of illness and to help form a Polish-speaking parish for the increasing number of Poles in the area.

The first governing committee consisted of: President—Joseph A. Mijal, Vice-President—Grzegorz Wisnowski, Treasurer—Thomas Kruszyna, Secretary—Stanley Ziemba. The next three years were trying for the society and their meeting places were the homes of the various members. At times, it looked as if the society would break up. Then, in 1898, the St. Joseph Society was given new blood by the joining of new members. In that year the society started to flourish under the committee of: President—Stanley Ziemba, Vice-President—Paul Pietryka, Treasurer—Symon Jorczak, Secretary—Michael Pelcarski, Marshall—Frank Salamon.

During 1898 the society chose Stanley Ziemba, Symon Jorczak, John Bielski, Michael Pelczarski, Frank Salamon, Marian Wlodyka, Albert Kolbusz, and Walter Krolik to explore the possibility of a Polish-speaking church. In the meantime, individuals traveled to Chicopee when their needs necessitated ministry in their native tongue. Occasionally, visiting priests of Polish descent ministered to their spiritual needs.

The firsts site chosen for the proposed Polish-speaking church was on Main Street in Thorndike, directly across from Four Corners Cemetery. In 1902, Bishop Thomas Daniel Beavar D.D. appointed Rev. Wenceslaus Lenz as the pastor of the first, Polish-speaking, St. Peter and Paul Parish. The site was later changed to a more central location for the town of Palmer—''Four Corners''.

In 1902 the St. Joseph's Society was incorporated as an Insurance Aid Society in the Commonwealth of Massachusetts. The membership grew quickly and all the villages were well among the membership of the society. Under the Insurance Aid Society all the members received weekly benefits of three dollars for thirteen weeks when sick.

In 1908 a lot was purchased by the society on High Street, Thorndike, and the following year a building was bought and moved by members of this lot. This was the first home of the society. In 1912 the society replaced the first home on High Street with a new and larger building, one which had more room for larger Polish gatherings. It was now that the Polish of this area could have a place for dances, weddings, and plays, as well as a central location for its members.

In 1940 the society purchased the Ducy Home on Commercial Street, Thorndike. After months of remodeling and improvements made to the home and grounds, the society opened the new home on May 10, 1940. This new society quarters maintained a library of Polish books and daily newspapers, a sports room of pool tables, ping pong, plus a bar and lounge for members, guests, and their families.

In 1952 an addition was added to the society home consisting of two floors. The top floor was to be used as a ballroom for banquets, dances, and society meetings. The lower section was to be used for serving food and refreshments for all affairs held in the new addition. Three air-conditioning units were installed for the new addition, also for the bar and lounge patrons comfort.

In 1967 the society voted to remodel the interior of the bar and lounge. After several months of improvements the society now had a horseshoe bar for at least eighteen patrons, and a beautiful lounge with a 16 x 16 highly polished dance floor. The buildings old windows were removed in front and replaced by two large picture windows with drapery, colonial style.

The St. Joseph's Society has been well represented in the sports field. The St. Joseph's Club Ball Teams won the Quaboag Baseball Championships in 1937, 1939, and 1940; softball champions in 1944. The club Bowling Team has also won its share of trophies.

In 1948 the Self Locking Carton Co., now known as Diamond National Corp., Thorndike, deeded land to the society on Upper Pine Street for the purpose of building a